

<i>SERFF Tracking Number:</i>	<i>FFDC-125566926</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>TANE DENGL 0308 F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>TRIPRA - Dental GL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The American Insurance Company		
Product Name: TRIPRA - Dental GL	SERFF Tr Num: FFDC-125566926	State: Arkansas
TOI: 17.0 Other Liability - Claims	SERFF Status: Closed	State Tr Num: EFT \$50
Made/Occurrence		
Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: TANE DENGL 0308 F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Barb Blackowicz	Disposition Date: 03/27/2008
	Date Submitted: 03/21/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 12/26/2007		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/27/2008	
State Status Changed: 03/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This filing is being submitted for your review and approval in accordance with the Terrorism Risk Insurance Act, as amended.	

Enclosed are the following:

<i>SERFF Tracking Number:</i>	<i>FFDC-125566926</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>TANE DENGL 0308 F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>TRIPRA - Dental GL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

- Expedited Filing Transmittal Document for Terrorism Filings for The American Insurance Company
- Exclusion of Certified Acts of Terrorism (145912 12/07)
- Disclosure of Premium and Estimated Premium for Certified Acts of Terrorism Coverage; Cap on Insurer Participation in Payment of Terrorism Losses (Pursuant to Terrorism Risk Insurance Act) (145927 12/07)
- Exclusion Of Other Acts Of Terrorism Committed Outside The United States (159344 12/07)
- Important Notice Regarding Terrorism Coverage (386358 12/07)
- Important Notice Regarding Terrorism Coverage (386360 12/07)

These forms are applicable to the General Liability portion of our Dental program currently on file in your state. No rate changes are proposed with this filing.

We request these forms to be effective 12/26/07.

Company and Contact

Filing Contact Information

Barbara Blackowicz, Analyst	barbara.blackowicz@ffic.com
33 W. Monroe Street	(312) 715-5550 [Phone]
Chicago, IL 60603	

Filing Company Information

The American Insurance Company	CoCode: 21857	State of Domicile: Nebraska
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-0731810	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: *FFDC-125566926* *State:* *Arkansas*
Filing Company: *The American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *TANE DENGL 0308 F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *TRIPRA - Dental GL*
Project Name/Number: */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The American Insurance Company	\$50.00	03/21/2008	18858455

SERFF Tracking Number: FFDC-125566926 State: Arkansas
Filing Company: The American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: TANE DENGL 0308 F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: TRIPRA - Dental GL
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/27/2008	03/27/2008

SERFF Tracking Number: *FFDC-125566926* *State:* *Arkansas*
Filing Company: *The American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *TANE DENGL 0308 F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *TRIPRA - Dental GL*
Project Name/Number: /

Disposition

Disposition Date: 03/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FFDC-125566926 State: Arkansas

Filing Company: The American Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: TANE DENG L 0308 F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: TRIPRA - Dental GL

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	Exclusion of Certified Acts of Terrorism	Accepted for Informational Purposes	Yes
Form	Disclosure of Premium and Estimated Premium for Certified Acts of Terrorism Coverage; Cap on Insurer Participation in Payment of Terrorism Losses (Pursuant to Terrorism Risk Insurance Act)	Accepted for Informational Purposes	Yes
Form	Exclusion of Other Acts of Terrorism Committed Outside the United States	Accepted for Informational Purposes	Yes
Form	Important Notice Regarding Terrorism Coverage	Accepted for Informational Purposes	Yes
Form	Important Notice Regarding Terrorism Coverage	Accepted for Informational Purposes	Yes

SERFF Tracking Number: FFDC-125566926 State: Arkansas
 Filing Company: The American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: TANE DENG L 0308 F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: TRIPRA - Dental GL
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Exclusion of Certified Acts of Terrorism	145912	1207	Endorsement/Amendment/Conditions		0.00	145912-1207.pdf
Accepted for Information al Purposes	Disclosure of Premium and Estimated Premium for Certified Acts of Terrorism Coverage; Cap on Insurer Participation in Payment of Terrorism Losses (Pursuant to Terrorism Risk Insurance Act)	145927	1207	Endorsement/Amendment/Conditions		0.00	145927 1207.pdf
Accepted for Information al Purposes	Exclusion of Other Acts of Terrorism Committed Outside the United States	159344	1207	Endorsement/Amendment/Conditions		0.00	159344-1207.pdf
Accepted for Information al Purposes	Important Notice Regarding Terrorism Coverage	386358	1207	Disclosure/ New Notice		0.00	386358 1207.pdf
Accepted for Information al Purposes	Important Notice Regarding Terrorism Coverage	386360	1207	Disclosure/ New Notice		0.00	386360 1207.pdf

Exclusion Of Certified Acts Of Terrorism - 145912 12 07

Policy Amendment

Insured:

Policy Number:

Producer:

Effective Date:

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage

A. The following exclusion is added:

This insurance does not apply to **any injury or damage**, or any **loss** or **claim expense** in connection with any **claim**, arising, directly or indirectly, out of a **certified act of terrorism**.

B. The following definitions are added:

1. For the purposes of this endorsement, **any injury or damage** means any injury or damage covered under any Coverage to which this endorsement is applicable, and includes but is not limited to **bodily injury, property damage, personal and advertising injury, injury**, act, error or omission in the performance of **professional services** or **environmental damage** as may be defined in any applicable Coverage.
2. **Certified act of terrorism** means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the Terrorism Risk Insurance Act as amended. The criteria contained in the Terrorism Risk Insurance Act, as amended, for a **certified act of terrorism** include the following:
 - a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act. as amended; and
 - b. The act resulted in damage:
 - (1) Within the United States (including its territories and possessions and Puerto Rico); or
 - (2) Outside the United States in the case of:
 - (a) An air carrier (as defined in Section 40102 of title 49, United States code) or United states flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States) regardless of where the loss occurs; or
 - (b) The premises of any United States mission; and
 - c. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

C. Application of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part, Coverage Section, or Policy, such as losses excluded by a Nuclear Hazard Exclusion, a War Exclusion, or a War Liability Exclusion.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Disclosure of Premium and Estimated Premium for Certified Acts of Terrorism Coverage; Cap on Insurer Participation in Payment of Terrorism Losses (Pursuant to Terrorism Risk Insurance Act) - 145927 12 07

This Endorsement is attached to and made part of your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act, as amended.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act, as amended. The portion of your premium attributable to such coverage is shown in the policy Declarations. This premium is based on the rates in effect at the time of policy issuance or policy anniversary and was calculated for the full term of the current policy period.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceed \$100 billion.

C. Cap On Insurer Participation In payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31), and we have met our insurer deductible under the Terrorism Risk Insurance Act, as amended, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. Possibility of Additional or Return Premium

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act, as amended. If the federal program terminates or if the level or terms of federal participation change, the premium for acts of terrorism as shown in the Declarations of this policy may also change. If this policy contains a Conditional Exclusion, continuation of coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. If this policy does not contain a Conditional Exclusion, coverage for certified acts of terrorism will continue. In either case, when disposition of the federal program is determined, we will recalculate the premium charge made for those acts of terrorism covered by the Act that remain covered by this policy after the disposition of the federal program. We will calculate the premium charge as follows:

1. We will calculate the pro-rated premium shown in the Declarations for acts of terrorism from the effective date of your policy to the date of expiration or change of the federal program.
2. We will calculate the pro-rated premium charge for acts of terrorism that remain covered for the policy period that remains in effect for the expiration or change of the federal Program to the anniversary or expiration date of your policy.
3. We will add the amount determined in D.1. above to the amount determined in D.2. above. Such premium will be your revised annual premium for coverage for acts of terrorism.

- a. If the revised annual premium determined above is an additional premium, this additional premium may be waived by us for the remainder of the policy term.
- b. If the revised annual premium determined above is a return premium, we will refund this amount to you.

This Form must be attached to Change Endorsement when issued after the policy is written. One of the **Fireman's Fund Insurance Companies** as named in the policy

Exclusion Of Other Acts Of Terrorism Committed Outside The United States - 159344 12 07

Policy Amendment

Insured:

Policy Number:

Producer:

Effective Date:

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage

A. The policy does not apply to any liability arising, directly or indirectly, out of any **other act of terrorism** that is committed outside of the United States (including its territories and possessions and Puerto Rico), but within the coverage territory. However, this exclusion applies only when one or more of the following are attributed to such act:

1. The total of insured damage to all types of property exceeds \$25,000,000 (valued in US dollars.) In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the terrorism and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
2. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
 - a. Physical injury that involves a substantial risk of death; or
 - b. Protracted and obvious physical disfigurement; or
 - c. Protracted loss of or impairment of the function of a bodily member or organ; or
3. The terrorism involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
4. The terrorism is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
5. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.

With respect to this exclusion, Paragraphs 1. and 2. describe the thresholds used to measure the magnitude of an incident of an "other act of terrorism" and the circumstances in which the threshold will apply for the purpose of determining whether this exclusion will apply to that incident.

B. As used in this endorsement:

Other act of terrorism means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not certified as a terrorist act pursuant to the Terrorism Risk Insurance Act, as amended. Multiple incidents of an **other act of terrorism** which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

C. In the event of an **other act of terrorism** that is not subject to this exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this policy.

All other terms and conditions of the policy remain unchanged.

159344 12 07

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Important Notice Regarding Terrorism Coverage – 386358 12 07

Insured: _____ Policy Number: _____
Producer: _____ Effective Date: _____

You are hereby notified that under the Terrorism Risk Insurance Act as amended (The Act), you have a right to purchase insurance coverage for losses arising out of certified acts of terrorism, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and as part of any effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM**, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW, HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM** WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Your policy includes coverage for losses due to certified acts of terrorism, as defined by The Act and, will be subject to the limit(s), terms and conditions of your policy. The premium for this certified acts of terrorism coverage is displayed on the policy declaration.

Please note that any coverage mandated by applicable Standard Fire Policy laws or Worker's Compensation laws in your state will not be affected by your rejection of certified acts of terrorism coverage.

If you wish to reject this offer of certified acts of terrorism coverage for the premium stated on the policy declaration please do ALL of the following:

- (1) mark **Reject** option below;
- (2) sign and date below; and
- (3) return the originally signed document to your agent or broker representing the Fireman's Fund Insurance Companies.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the Fireman's Fund Insurance Companies.

TERRORISM COVERAGE REJECTION:

() I REJECT COVERAGE FOR LOSSES DUE TO CERTIFIED ACTS OF TERRORISM, AS DEFINED IN THE ACT.

Signature: _____

Title: _____

Date: _____

One of the **Fireman's Fund Companies** as named in the declaration page of your policy



Important Notice Regarding Terrorism Coverage - 386360 12 07

Insured:

Policy Number:

Producer:

Effective Date:

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (The Act), you have a right to purchase insurance coverage for losses arising out of certified acts of terrorism, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT THE INSURANCE COVERAGE YOU HAVE THE RIGHT TO PURCHASE FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM**, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW, HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM **CERTIFIED ACTS OF TERRORISM** WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Our records indicate that you previously rejected coverage for losses arising out of certified acts of terrorism, as defined by The Act, when we provided you a quote for insurance. Accordingly, your policy does not currently provide this coverage. However, The Act requires that we again make an offer at this time. If you wish to change your decision and purchase certified acts of terrorism coverage, you must contact your agent or broker representing the Fireman's Fund Insurance Companies and request coverage so we can provide you with a new quote. If you do not do so, it will be presumed that you have rejected this offer of terrorism coverage.

Please note that any coverage mandated by applicable Standard Fire Policy laws or Workers Compensation laws in your state will not be affected by your rejection of terrorism coverage.

This offer of coverage for losses due to certified acts of terrorism, as defined by The Act, if accepted, will be subject to the limit(s), terms and conditions of any policy or endorsement subsequently issued.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the Fireman's Fund Insurance Companies.

One of the **Fireman's Fund Insurance Companies** as named in the declaration page of your policy.

<i>SERFF Tracking Number:</i>	<i>FFDC-125566926</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>TANE DENGL 0308 F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>TRIPRA - Dental GL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FFDC-125566926 State: Arkansas
Filing Company: The American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: TANE DENGL 0308 F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: TRIPRA - Dental GL
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 03/27/2008
Purposes

Comments:

Attachment:

TRIAExpeditedFilingForm.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing		Department Use only	
<input type="checkbox"/> Filing Related to <i>Certified Losses</i> <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses			
Company Name(s)	Domicile	NAIC #	FEIN #
The American Insurance Company	NE	21857	22-0731810

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Barbara Blackowicz 33 West Monroe, Suite 1200 Chicago, IL 60603-5316	(312) 441-6284	(888) 237-0973	Barbara.blackowicz@Ffic.com

Filing information

Line of Insurance (see attachment)	17.0				
Company Program Title (Marketing title) (if applicable)	Dental Liability – GL portion - TRIPRA				
Filing Type ** see note below	Form (Endorsement)				
This application is used with:					
Effective Date Requested	12/26/07				
Filing date	3/24/08				
Company Tracking Number	TANE DENGL 0308 F				
Date filing approved in domiciliary state, if applicable					
	<u>Component/Form Name /Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Exclusion of Certified Acts of Terrorism	145912 12/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Disclosure of Premium and Estimated Premium for Certified Acts of Terrorism Coverage; Cap on Insurer Participation in Payment of Terrorism Losses (Pursuant to Terrorism Risk Insurance Act)	145927 12/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Exclusion Of Other Acts Of Terrorism Committed Outside The United States	159344 12/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Important Notice Regarding Terrorism Coverage	386358 12/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Important Notice Regarding Terrorism Coverage	386360 12/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Barbara Blackowicz _____

Print Name:

_Regulatory Affairs Specialist_____

Title: